



2020 Membership Renewal / New Application

Canadian Veterinary Medical Association and CVMA-SBCV Chapter

for the period January 1 to December 31, 2020

Current members can also renew online at canadianveterinarians.net > My portal (log in required).
New applicants can submit their application via e-mail (admin@cvma-acmv.org), fax (613 236-9681), phone (800 567-2862) or mail (339 Booth St., Ottawa, ON K1R 7K1)

MEMBER INFORMATION

New member **Renewal**

FIRST NAME: _____ **LAST NAME:** _____

GRADUATION YEAR: _____ **COLLEGE/SCHOOL OF GRADUATION (DVM degree):** _____

E-MAIL (individual): _____ (This information is required to access the member portal and website. It is your unique identifier and cannot be a common address also used by other individuals in the organization.)

CLINIC / BUSINESS / EMPLOYER NAME: _____

PATIENT BASE: companion animals only food animals only mixed animals (< 50% companion)
 mixed animals (> 50% companion) equine only other n/a

POSITION TYPE: Practice owner/Partner Associate Locum Manager/Administrator Educator/Professor
 Retired Other (specify) _____

Indicate below the 'preferred' address which is the default address to receive CVMA and CVMA-SBCV Chapter direct mail and publications. This is also the address that will be listed in the CVMA Source Guide and Directory.

BUSINESS ADDRESS: Preferred _____

BUSINESS TELEPHONE / FAX: Tel. () _____ Fax () _____

RESIDENTIAL ADDRESS: Preferred _____

RESIDENTIAL/CELLULAR TELEPHONE: Tel. () _____ Cell () _____

MEMBERSHIP CATEGORIES / FEES: Eligibility requirements exist for certain membership categories**. Please refer to the *2020 Membership Categories and Fees* document for descriptions and eligibility criteria.

CATEGORY	FEE
<input type="checkbox"/> Regular	\$557.00
<input type="checkbox"/> Recent Graduate-Yr 1 (2019 graduate)**	\$139.25
<input type="checkbox"/> Recent Graduate-Yr 2 (2018 graduate)**	\$278.50
<input type="checkbox"/> Recent Graduate-Yr 3 (2017 graduate)**	\$417.75
<input type="checkbox"/> Postgraduate Education **	\$278.50
<input type="checkbox"/> Retired **	\$278.50
<input type="checkbox"/> Provincial Life / Provincial Honourary	\$278.50
<input type="checkbox"/> Maternity / Parental Leave **	\$278.50
<input type="checkbox"/> Illness / Disability Leave **	\$278.50

FEE AMOUNT	GST	TOTAL
\$557.00	\$27.85	\$584.85
\$417.75	\$20.89	\$438.64
\$278.50	\$13.93	\$292.43
\$139.25	\$6.96	\$146.21

Credit card payment: Please enter the 3-4 digit security code noted on the back of your card or call the CVMA at 1-800-567-2862 to provide this information and complete your payment transaction.

AUTOMATIC RENEWAL OPTION (✓ to select this option)
 By selecting this option, your membership will renew in January each year. CVMA will send you an email notification to reconfirm automatic renewal participation prior to processing annual payment using the credit card information you provided.

ONE-TIME PAYMENT OPTION
Please submit your payment before 31 December 2019
 Membership starts 01 January 2020 and fees cannot be prorated.

Fee: \$ _____ + tax _____ = **Total:**

CHEQUE **CREDIT CARD** (Visa, MasterCard, Amex)

CREDIT CARD NUMBER:
 EXPIRY DATE (mm/yy): _____ / _____ : CVV code _____

CARDHOLDER'S NAME:

SIGNATURE: _____

Application for Annual Membership Dues (AMD) Reduction

NOTE: This section is to be completed only if you are applying for dues reduction under one of the categories below.

The CVMA and CVMA-SBCV membership fee structure provides eligible members for certain membership categories a 50% reduction of the regular individual annual membership dues amount. An *Application for AMD Reduction* must be completed and submitted to CVMA for consideration, along with the Membership Renewal/Application and payment. Please read the *CVMA Policy for AMD Reduction* for more information and for eligibility criteria.

50% Reduction (Please check the membership category for which you are applying)

- I am applying for a 50% reduction of the AMD as a **Postgraduate Education Member**. I have attached to this application a supporting document from the education institution confirming my enrollment in full-time studies or in an internship/residency program.
- I am applying for a 50% reduction of the AMD as a **Retired Member**. I confirm that I am 65 years of age or over AND that I am not engaged in active employment in veterinary medicine. This means that I do not collect fees for veterinary services rendered.
- I am applying for a 50% reduction of the AMD as a **Maternity/ Parental Leave Member**. I confirm that I am temporary leaving active employment in veterinary medicine due to pregnancy or to care for a new child for the period starting ____/____/____ (DD/MM/YYYY) and ending ____/____/____ (DD/MM/YYYY).
- I am applying for a 50% reduction of the AMD as an **Illness / Disability Leave Member**. I confirm that I am leaving active employment in veterinary medicine for a specified or undetermined period due to my own medical circumstances AND that the anticipated period of leave **exceeds four (4) months** in the membership year for which I am requesting the AMD reduction. The anticipated leave period starts ____/____/____ (DD/MM/YYYY) and ends ____/____/____ (DD/MM/YYYY).

Declaration

I acknowledge that the information contained in this application is true and accurate. I understand that this membership dues reduction is for a one-year period (January through December) and that I may reapply and verify my status each year in order to continue paying the reduced dues amount, subject to meeting the criteria. I understand that I do not qualify for any other dues reductions.

Member Full Name (Please print): _____

Member Signature: _____ Date: ____/____/____

<p>PLEASE SUBMIT COMPLETED FORM TO:</p> <p>Canadian Veterinary Medical Association Attn: Membership Services Mail: 339 Booth St., Ottawa (Ontario) K1R 7K1 E-mail: admin@cvma-acmv.org Fax: (613) 236-9681</p>	<p>CVMA OFFICE USE ONLY</p> <p>Application received date: _____</p> <p>Membership year : _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reviewed by: _____ Date: _____</p>
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